

INDIANA ASSOCIATION OF SCHOOL BUSINESS OFFICIALS

Request for Certification Credits for Attendance at a Non-IASBO Seminar

Your Name: _____

School Corporation: _____

Name of seminar attended: _____

Date of seminar: _____

Name of the group presenting the seminar: _____

Length of seminar: _____

Please give a description of the seminar:

*****Please be sure to attach an agenda of the seminar you attended to this request for Certification Credits.***

Please return this request to the IASBO Office:
One N. Capitol Ave., Suite 1215
Indianapolis, IN 46204
Phone: (317) 639-3586
Fax: (317) 639-4360

*Your request for Certification Credits will be reviewed by the IASBO Certification Board.
You will be notified in writing of the determination of the Certification Board.*